

## The TexaSaver 401(k) and 457 Plans Lump Sum Deferral Enrollment Form

Employee Information	
<b>Payroll Name:</b> _____	<b>Date of Birth:</b> _____
<b>Mailing Address:</b> _____	<b>Phone Number:</b> _____
<b>City, State, Zip:</b> _____	<b>Retirement Date:</b> _____
<b>Social Security Number:</b> _____	<b>Separation Date:</b> _____

- ❖ Complete this form if deferring vacation and/or overtime to the TexaSaver 401(k) and 457 Plans.  
or
- ❖ If deferring to more than one plan, please check all elections that apply.

### Plan and Deferral Election:

☐ **TexaSaver 401(k) Plan Election or TexaSaver 457 Plan Election**

I have an existing account or I have set-up an account with Great-West prior to my separation from the state and I authorize my employer to defer my lump sum salary warrant to my designated account(s) as indicated below.

**Defer From:**

- ☐ Vacation  
☐ Overtime  
☐ Both, Vacation & Overtime  
*(Vacation Time must = Overtime)*

**Defer To:**

- |   |          |
|---|----------|
| <input type="checkbox"/> 401(k) Traditional | _____ %  |
| <input type="checkbox"/> 401(k) ROTH        | _____ %  |
| <input type="checkbox"/> 457 Traditional    | \$ _____ |
| <input type="checkbox"/> 457 ROTH           | \$ _____ |

### Authorization:

I understand and agree to the terms of the TexaSaver Program.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Distribution:**

Fax copy to Deferred Compensation Coordinator at 936-437-3577 and then mail original to Employee Services, HR Division Headquarters

Copy - Employee

Copy - Employee's Unit or Department Human Resources File (Activity Section)